

# **Exhibit A**

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Abdul Karim Abd J. Mhadi  
Last Name Abdul Karim First Abd J. Mhadi Middle

HOME ADDRESS 4341 E 17 Ave  
New York NY 10466  
City State Zip Code

HOME PHONE 646 506 8845 WORK PHONE (718) 302-7302

SIGNATURE Abdul Karim Abd J. Mhadi

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Lendel Adams - George      Orelda  
Last Name      First      Middle

HOME ADDRESS 2721 Tilden Ave.  
Brooklyn New York 11226  
City      State      Zip Code

HOME PHONE 718-510-6722 CELL PHONE 646-481-6411

SIGNATURE Lendel Adams PERSONAL E-MAIL Lendel4adams@mail.com

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME ADDO SALAS MILLS  
Last Name First Middle

HOME ADDRESS 1919 MCGRAW Ave #7B

Bk NY 10462  
City State Zip Code

HOME PHONE \_\_\_\_\_ CELL PHONE 646-730-2686

SIGNATURE ASL PERSONAL E-MAIL silas252@Hotmail.com

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME ADEAGBO OLATUNBOSUN A.  
Last Name      First      Middle

HOME ADDRESS 1388 E. 94th Street #2 floor  
Brooklyn, NY 11236  
City      State      Zip Code

HOME PHONE 718 864 9421 WORK PHONE \_\_\_\_\_

SIGNATURE [Signature]

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Adeodaglo Kikelomo Mutaf

Last Name

First

Middle:

HOME ADDRESS 735 Lincoln Avenue, Apt 175

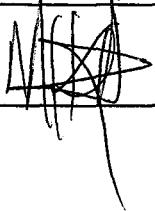
Brooklyn NY 11208

City

State

Zip Code

HOME PHONE 347-301-2049 WORK PHONE \_\_\_\_\_

SIGNATURE 

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Adedoji Elizabeth Adedoja  
Last Name Adedoji First Elizabeth Middle Adedoja

HOME ADDRESS 816 Saratoga Avenue 2B  
Brooklyn NY 11212  
City Brooklyn State NY Zip Code 11212

HOME PHONE (347) 581-6758 WORK PHONE \_\_\_\_\_

SIGNATURE C. Adedoy

**CONSENT TO SUE  
REQUEST TO BECOME PARTY-PLAINTIFF - INVESTIGATIVE CONSULTANT/PROTECTIVE AGENT  
EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Adedoyin Florence O  
Last Name      First      Middle

HOME ADDRESS 710 dumont ave 3E brooklyn  
brooklyn NY 11207  
City      State      Zip Code

HOME PHONE \_\_\_\_\_ CELL PHONE 718 427 4459

SIGNATURE T Adedoyin

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME ADENIJI IDAYAT OLAKUNBI  
Last Name First Middle

HOME ADDRESS 19 BELMONT Avenue  
BEVERLY NJ 08010  
City State Zip Code

HOME PHONE (609) 871-2409 WORK PHONE (212) 701-4365

SIGNATURE Sdgjathole niij

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Adesanya Adenola Abidemi  
Last Name Adesanya First Adenola Middle Abidemi

HOME ADDRESS 765 Lincoln Avenue # 550  
Brooklyn NY 11208  
City Brooklyn State NY Zip Code 11208

HOME PHONE 347-415-9529 WORK PHONE 212-701-4352

SIGNATURE Adesanya Adenola Abidemi

**CONSENT TO SUE**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME AHMED NADIR  
Last Name AHMED First NADIR Middle

HOME ADDRESS 89 METROPOLITAN OVAL, Apt # 10A  
BRONX City NY State 104-62 Zip Code

HOME PHONE 347-684-9688 WORK PHONE 718-716-7707

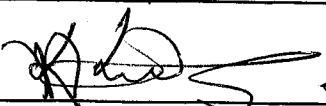
SIGNATURE Nadir Ahmed

**CONSENT TO SUE**  
**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**  
I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Akinrinsi Kolawole Yemisi  
Last Name      First      Middle

HOME ADDRESS 498, East 138th Street apt #2D  
City Bronx      State NY      Zip Code 10454

HOME PHONE 347-455-2935 WORK PHONE \_\_\_\_\_

SIGNATURE 

**CONSENT TO SUE**

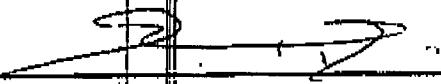
**REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME AKPONA FELIX PEACE  
Last Name AKPONA First FELIX Middle PEACE

HOME ADDRESS 541 ST EDWARD AVENUE  
BROOKLYN NY 11207  
City BROOKLYN State NY Zip Code 11207

HOME PHONE 347 240-7685 WORK PHONE 347 247-3662

SIGNATURE 

**CONSENT TO SUE**  
**REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY**  
I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under  
the Fair Labor Standards Act.

NAME AKULIN Celeste Anne  
Last Name First Middle

HOME ADDRESS 16-166 Bell Blvd. # 736  
City Bayside State NY Zip Code 11360

HOME PHONE 646-226-8385 WORK PHONE 718-716-6264

SIGNATURE Celeste

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME ALAO ISAAC OLAYINKA  
Last Name First Middle

HOME ADDRESS 675 LINCOLN AVENUE #14R  
BROOKLYN NY. 11208  
City State Zip Code

HOME PHONE (646) 739-3226 WORK PHONE \_\_\_\_\_

SIGNATURE Isaac

**CONSENT TO SUE**

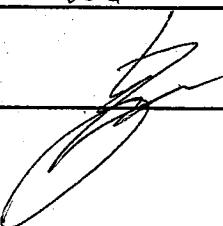
**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Alexander Lizar Daniella  
Last Name      First      Middle

HOME ADDRESS 731 Gerard Ave 4A  
Bronx NY 10451  
City      State      Zip Code

HOME PHONE 347 816 5406      WORK PHONE 212 607 5347

SIGNATURE 

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Alicia Marilu

Last Name

First

Middle

HOME ADDRESS 294 West 158<sup>th</sup> Street Apt 6D

City

State

Zip Code

HOME PHONE 646 468 7421 WORK PHONE \_\_\_\_\_

SIGNATURE Marilyn Alvarado

**CONSENT TO SUE**

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY  
hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under  
the Fair Labor Standards Act.

NAME Allen Kayne   
Last Name First Middle

HOME ADDRESS 2541 7th Ave Apt 17F  
New York, NY 10039  
City State Zip Code

HOME PHONE 212 862-8751 WORK PHONE 718 716 7541

SIGNATURE 3 May 2014

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME ALLENDE JR ANIBAL

Last Name

First

Middle

HOME ADDRESS 1430 AMSTERDAM AVE APT 14A

NEW YORK NY

City

State

10027

Zip Code

HOME PHONE 917-565-4111 WORK PHONE 212-701-4300

SIGNATURE Anibal Allende Jr

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME ALMONTE ANNELEE A.  
Last Name      First      Middle

HOME ADDRESS 117-03 HILLSIDE AVE #3A  
RICHMOND HILL, NY 11418  
City      State      Zip Code

HOME PHONE (929) 372-3988 WORK PHONE \_\_\_\_\_

SIGNATURE Anneliee Almonte

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Alston, Roberts Anits Lynette  
Last Name      First      Middle

HOME ADDRESS 109 Christopher Ave 6D  
Brooklyn N.Y. 11212  
City      State      Zip Code

HOME PHONE 646 537-5397 WORK PHONE 7183995610

SIGNATURE Jeanne Al

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME ALVAREZ FABIO L  
Last Name      First      Middle

HOME ADDRESS 32-59 48 ST

ASTORIA N.Y 11103  
City      State      Zip Code

HOME PHONE 347 981 3029 WORK PHONE 718 722 8201

SIGNATURE Fabio Alvarez

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY**  
I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under  
the Fair Labor Standards Act.

NAME Ambrose Okojie 1  
Last Name First Middle

HOME ADDRESS 1149 Morris Avenue 4C  
Bronx NY 10456  
City State Zip Code

HOME PHONE 347-335-3498 WORK PHONE \_\_\_\_\_

SIGNATURE Ambrose Okojie

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME ANDERSON Wendy  
Last Name First Middle

HOME ADDRESS 1109 Franklin Ave APT 2E  
Bronx NY 10456  
. City State Zip Code

HOME PHONE \_\_\_\_\_ CELL PHONE 646-789-7803

SIGNATURE Wendy Anderson PERSONAL E-MAIL Darksweet8 AOL.COM

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY**

hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under  
the Fair Labor Standards Act.

JNAME ANTONI ALFRED

Last Name

First

Middle

E

HOME ADDRESS 1919 MCGRAW AVE #7B  
Bronx NY 10462

City

State

Zip Code

HOME PHONE 347-398-5560 WORK PHONE 718-716-6435

IGNATURE Alfred Antoni

(Continue on Reverse)

**CONSENT TO SUE  
REQUEST TO BECOME PARTY-PLAINTIFF - INVESTIGATIVE CONSULTANT/PROTECTIVE AGENT  
EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME ARIWODOLA GABRIEL BABAFEMI  
Last Name      First      Middle

HOME ADDRESS 145-123 106<sup>TH</sup> AVE #2FLR - JAMAICA  
QUEENS NY 11435  
City      State      Zip Code

HOME PHONE 347-233-3203 CELL PHONE (718) 790-8534

SIGNATURE D. Ariwodola

**CONSENT TO SUE**

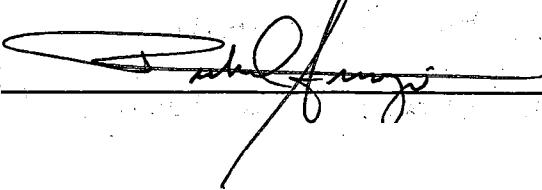
**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Arriaga, Richards  
Last Name Arriaga, First Richards, Middle

HOME ADDRESS 4 Martinez Ave, #204  
White Plains, NY 10606  
City White Plains State NY Zip Code 10606

HOME PHONE 347-306-7631 WORK PHONE 212-701-4300

SIGNATURE 

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Askins DERRICK D.  
Last Name Askins First DERRICK Middle D.

HOME ADDRESS 102-18 32 AV. EAST FLYNHURST  
City Queens State NEW YORK Zip Code 11368

HOME PHONE 1-718-457-8513 WORK PHONE 1-718-302-8187

SIGNATURE Derrick D. Askins

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Atchison Creola  
Last Name Atchison First Creola Middle

HOME ADDRESS 773 Concourse Village East  
Bronx City NY State 10451 Zip Code

HOME PHONE 718-992-5328 WORK PHONE 212-701-4366

SIGNATURE Creola Atchison

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Samuel Austin Samvej

Last Name

First

Middle

HOME ADDRESS 1515 metropolitan ave #4G  
NY USA 10462  
City State Zip Code

HOME PHONE 347-6215425 WORK PHONE (212) 5131167

SIGNATURE

Samuel Austin

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Ayala Maurice Russell 31-9-p  
Last Name First Middle

HOME ADDRESS 3400 PAVI AVE APT 12C BRONX NY 10468

718-618-0992 City BRONX State NY Zip Code 10468

HOME PHONE 212-312-4716 WORK PHONE 347-381-9893

SIGNATURE Maurice Ayala Russell

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Baker Chardé  
Last Name Baker First Chardé Middle

HOME ADDRESS 1027 Warwick Street  
Bklyn NY 11207  
City Bklyn State NY Zip Code 11207

HOME PHONE 347-893-5432 WORK PHONE 212-232-0600

SIGNATURE Chadé Baker

**CONSENT TO SUE  
REQUEST TO BECOME PARTY-PLAINTIFF - INVESTIGATIVE CONSULTANT/PROTECTIVE AGENT  
EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Baker, Jennifer Co-Londra  
Last Name Baker First Jennifer Middle Co-Londra

HOME ADDRESS 152 North Elliott Wk #5B  
Brooklyn, NY 11205  
City Brooklyn State NY Zip Code 11205

HOME PHONE 347-425-3346 CELL PHONE 204-795-4030

SIGNATURE Jennifer C. Baker

**CONSENT TO SUE**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Bulbusena Jose' A bigas!  
Last Name First Middle

HOME ADDRESS 355 Clinton Ave 5E  
Brooklyn NY NY 11239  
City State Zip Code

HOME PHONE 347 415 9607 WORK PHONE \_\_\_\_\_

SIGNATURE Maged J

**CONSENT TO SUE**  
**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**  
I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME BALOGUN OLUREMI L  
Last Name      First      Middle

HOME ADDRESS P O box 24278  
Brooklyn NEW YORK 11202  
City      State      Zip Code

HOME PHONE 347-801-3076 WORK PHONE 212-361-8583

SIGNATURE Ross Bolgan

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME

Bernie

Last Name

Latish

First

S

Middle

HOME ADDRESS

545 West 12th street apt 11d

New York

City

NY

State

10027

Zip Code

HOME PHONE

(212) 761-4378

CELL PHONE

347 234-2042

SIGNATURE

Bernie Latish

PERSONAL E-MAIL

Latish@DHS.NYC.GOV

CONSENT TO SUE

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME BARNETT Cyrlene Yvonne  
Last Name First Middle

HOME ADDRESS 101-23 Flatlands Avenue

BKLYN NY 11234  
City State Zip Code

HOME PHONE 718 257-0312 (Home) WORK PHONE 718 715-8295 (ceu)

SIGNATURE Cyrlene Barnett

**CONSENT TO SUE  
REQUEST TO BECOME PARTY-PLAINTIFF – CPS and JOS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME ZAGCON JERMAINE CHRIS  
Last Name      First      Middle

HOME ADDRESS 8308 Foster Ave  
Brooklyn NY 11210  
City      State      Zip Code

HOME PHONE 347-451-2844 WORK PHONE 718-686-3908

SIGNATURE Jerryl Zagcon

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Bayne Terrey  
Last Name      First      Middle

HOME ADDRESS 370 East 58<sup>st</sup>  
Bklyn NY 11203  
City      State      Zip Code

HOME PHONE 347-465-4673 WORK PHONE 718-302-8157

SIGNATURE T. Bayne

**CONSENT TO SUE**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under  
the Fair Labor Standards Act.

NAME BELLO-BAKARE, SADIAT  
Last Name BELLO-BAKARE First SADIAT Middle

HOME ADDRESS 5, ARLINGTON COURT  
STATION ISLAND, NY 10310  
City STATION ISLAND State NY Zip Code 10310

HOME PHONE 347 276-3910 WORK PHONE 718/716-7707

SIGNATURE SadiatBelloBakare

**CONSENT TO SUE**

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY  
I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under  
the Fair Labor Standards Act.

NAME BELTON ANDREY A  
Last Name      First      Middle

HOME ADDRESS 1010 SHERMAN AVE #6J  
BRONX NY 10456.  
City      State      Zip Code

HOME PHONE 347-329-0127 WORK PHONE           

SIGNATURE M. A. Belton

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Bergholz Pennielien  
Last Name      First      Middle

HOME ADDRESS 431 E. 83rd Street # 5A

New York NY 10028  
City      State      Zip Code

HOME PHONE 212-737-3114 WORK PHONE \_\_\_\_\_

SIGNATURE 

**CONSENT TO SUE**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME DETHEA, CHEYELLE R

Last Name

First

Middle

HOME ADDRESS 1 Glenwood Ave #195

Staten Island

NY 10701

City

State

Zip Code

HOME PHONE 718-825-8841 WORK PHONE 718-716-7707

SIGNATURE Cheyelle Bethea

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**  
I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under  
the Fair Labor Standards Act.

NAME Bickram Daniel  
Last Name      First      Middle

HOME ADDRESS 1279 Noble Ave  
Bronx NY 10472  
City      State      Zip Code

HOME PHONE 1-917-257-5733 WORK PHONE           

SIGNATURE Daniel Bickram

(Continue on Reverse)

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME BIEWAN KEMBEY  
Last Name      First      Middle

HOME ADDRESS 1730 MONTGOMERY AVENUE. APT 5B  
BRONX NY 10453  
City      State      Zip Code

HOME PHONE (718) 901-5112      WORK PHONE (212) 701-4364

SIGNATURE K.Biewan

CONSENT TO SUE

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under  
the Fair Labor Standards Act.

NAME Bishinkovich Vadim M  
Last Name Vadim First M Middle

HOME ADDRESS 2373 EAST 14<sup>th</sup> STREET  
BROOKLYN City NY State 11229 Zip Code

HOME PHONE 201-819-1315 WORK PHONE 973-718-716-7536

SIGNATURE VADIM BISHINKOVICH

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Black Cory M.K.  
Last Name Black First Cory Middle M.K.

HOME ADDRESS 1875 Third Ave

New York NY Zip Code 10024  
City New York State NY Zip Code 10024

HOME PHONE (917)318-3861 WORK PHONE                   

SIGNATURE Gary Black

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY**  
I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under  
**the Fair Labor Standards Act.**

NAME BOATSWAIN KENNETH R.  
Last Name      First      Middle

HOME ADDRESS 120-10 DONZETTI PLACE  
BRONX NY 10475  
City      State      Zip Code

HOME PHONE (718) 515-4346 WORK PHONE \_\_\_\_\_

SIGNATURE Kenneth Boatswain

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME BOLOUVI ANTOINE  
Last Name      First      Middle

HOME ADDRESS 145-19 224th STREET  
SPRINGFIELD GUNS NY 11413  
City      State      Zip Code

HOME PHONE 718-978-1107 WORK PHONE 718-716-7522

SIGNATURE 

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**  
I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under  
the Fair Labor Standards Act.

NAME Bret Iris D.  
Last Name Bret First Iris Middle D.

HOME ADDRESS 815 West 180th Street Apt 24  
New York Ny 10033  
City New York State Ny Zip Code 10033

HOME PHONE n/a WORK PHONE (718) 716-6436

SIGNATURE Jes D. Bonet

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

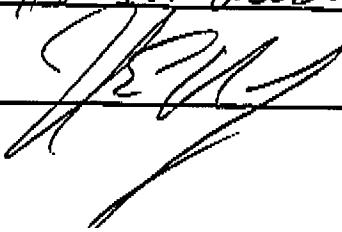
NAME	Borrelli	Nesha	
Last Name	First	Middle	
HOME ADDRESS	633 Olmstead Ave		
Bronx	NY	10473	3G
City	State	Zip Code	
HOME PHONE	929 246 9377	WORK PHONE	718 716 6092
SIGNATURE	Nesha Borrelli		

CONSENT TO SUE  
REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY  
I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Burkina, S.Z. Norman Edward  
Last Name      First      Middle

HOME ADDRESS 84 Polacki Street  
Brooklyn NY 11204  
City      State      Zip Code

HOME PHONE 718-781-2002 WORK PHONE 718-714-7524

SIGNATURE 

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME BOWENS Wendee  
Last Name      First      Middle

HOME ADDRESS 53-55 EAST 130 ST #3B  
New York NY 10037  
City      State      Zip Code

HOME PHONE (347) 863-6684 WORK PHONE \_\_\_\_\_

SIGNATURE Wendee, Bowens

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Brian Christopher Rickard

Last Name

First

Middle

HOME ADDRESS 5705 Fillmore Ave

Brooklyn

NY

11234

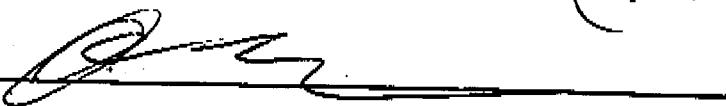
City

State

Zip Code

HOME PHONE (718)968-2936

WORK PHONE (718)716-7542

SIGNATURE 

**CONSENT TO SUE**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Brewer Tammy

Last Name

First

Middle

HOME ADDRESS 1339 Lincoln Place Apt 6E  
Bklyn NY 11213

City

State

Zip Code

HOME PHONE 347 901 1167 WORK PHONE           

SIGNATURE Tammy Brewer

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Bright Kaiian A

Last Name

First

Middle

HOME ADDRESS 334 Elton Street Apt 7A

Bklyn ny 11208

City

State

Zip Code

HOME PHONE 917 808 5041

WORK PHONE \_\_\_\_\_

SIGNATURE

R. Bright

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Brown Arline L  
Last Name      First      Middle

HOME ADDRESS 491 E 162nd St. #11A  
Bronx NY 10451  
City      State      Zip Code

HOME PHONE 347-215-8590 WORK PHONE \_\_\_\_\_

SIGNATURE Gelina S Brown

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Brown Debora  
Last Name Brown First Debora Middle

HOME ADDRESS 60 Moore St 6A  
Bronx, NY 11206  
City Bronx State NY Zip Code 11206

HOME PHONE 1843 908-3407 WORK PHONE 718-716-6000

SIGNATURE Debora Brown

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Brown Gloria

Last Name

First

Middle

HOME ADDRESS 1590 Madison Ave

Ny

Ny

10029

City

State

Zip Code

HOME PHONE 212 388-6025

CELL PHONE

917-545-8599

SIGNATURE Gloria Brown

PERSONAL E-MAIL Cake ~~9855~~@gmail.com

9855

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Brown Nicole  
Last Name      First      Middle

HOME ADDRESS 3504 Borhambeau Ave # 5-D  
Bronx N.Y. 10467  
City      State      Zip Code

HOME PHONE 917-805-0199 WORK PHONE 917-331-2141

SIGNATURE Nicole Brown

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Brown, Valencia Mabanda  
Last Name                    First                    Middle                   

HOME ADDRESS 855 West End Avenue  
New York, N.Y. 10025  
City                    State                    Zip Code                   

HOME PHONE (212) 96d-1173 WORK PHONE (212) 701-4346

SIGNATURE Valencia Brown

**CONSENT TO SUE**

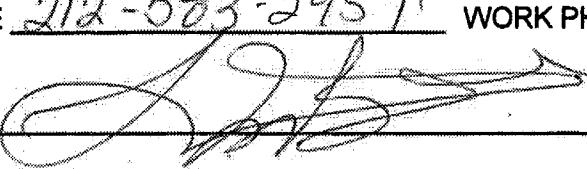
**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Browne Linda M.  
Last Name Browne First Linda Middle M.

HOME ADDRESS 934 Dumont St  
Brooklyn NY 11207  
City Brooklyn State NY Zip Code 11207

HOME PHONE 212-583-2959 WORK PHONE 212-701-4800

SIGNATURE 

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Buckley Courtney Lamont  
Last Name Courtney First Buckley Middle Lamont

HOME ADDRESS 871 Elton Ave  
City Bronx State NY Zip Code 10451

HOME PHONE Cell 646-772-4780 WORK PHONE                   

SIGNATURE Courtney Buckley

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Bullock Joyce  
Last Name Bullock First Joyce Middle

HOME ADDRESS 203 Weirfield Street  
Brooklyn NY 11221  
City Brooklyn State NY Zip Code 11221

HOME PHONE (718) 347-3921 WORK PHONE (718) 776-9731

SIGNATURE Joyce Bullock

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME BUTLER KIMBERLEY  
Last Name      First      Middle

HOME ADDRESS 148-31 HOOK CREEK BLVD

ROSEDALE NY 11422  
City      State      Zip Code

HOME PHONE \_\_\_\_\_ WORK PHONE (212) 701-4386

SIGNATURE Kimberley Butler

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Butler Regina M  
Last Name Butler First Regina Middle M

HOME ADDRESS 411-17 Rockaway Beach 1st floor  
Fair Rockaway, NY 11691  
City Fair Rockaway State NY Zip Code 11691

HOME PHONE 516 640 2161 WORK PHONE 718 725-2083

SIGNATURE M. Regina Butler

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Butler Terese Michelle

Last Name

First

Middle

HOME ADDRESS 252 East 39<sup>th</sup> Street, #2R  
Brooklyn, NY 11203

City

State

Zip Code

HOME PHONE 347-915-2263 WORK PHONE 347-720-5373

SIGNATURE Terese Butler

**CONSENT TO SUE**  
**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**  
I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME CABRERA FRANK  
Last Name CABRERA First FRANK Middle

HOME ADDRESS 230 East 123rd #2703  
NEW YORK N.Y. 10035

HOME PHONE (212) 537-5280 WORK PHONE 1-718-716-6104  
City NEW YORK State N.Y. Zip Code 10035

SIGNATURE Frank Cabrera

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**  
I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under  
the Fair Labor Standards Act.

NAME Calderon Boris J

Last Name

First

Middle

HOME ADDRESS 418 Central Park West #3D  
NEW YORK NY 10025

City

State

Zip Code

HOME PHONE (646) 600-4589

WORK PHONE \_\_\_\_\_

SIGNATURE K. Calderon

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**  
I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under  
the Fair Labor Standards Act.

NAME Caldwell Michael  
Last Name      First      Middle

HOME ADDRESS P. O. Box 853  
New York NY 10272  
City      State      Zip Code

HOME PHONE 917-969-0234 WORK PHONE 212-361-8666

SIGNATURE R. L. Caldwell

**CONSENT TO SUE**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Casmach Michael  
Last Name Casmach First Michael Middle

HOME ADDRESS 2945 White Plains Road #7B  
Bronx, New York NY 10467  
City  State  Zip Code

HOME PHONE 347-274-7651 WORK PHONE

SIGNATURE Michael Casmach

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Cameron Nora S  
Last Name First Middle

HOME ADDRESS 2108 Park Blvd East Apt 4A

Brent NY 10460  
718 City State Zip Code

HOME PHONE 347-792-9853 WORK PHONE 347-469-8924

SIGNATURE Dawn Danner

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Carswell Arrenkah  
Last Name      First      Middle

HOME ADDRESS 84 Pealaski Street  
Brooklyn NY 11206  
City      State      Zip Code

HOME PHONE 917-395-5199 WORK PHONE \_\_\_\_\_

SIGNATURE a. Carswell

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Centeno Miriam Luz  
Last Name Centeno First Miriam Middle Luz

HOME ADDRESS 530 E. 137st 111  
Bronx n.y. 10454  
City Bronx State n.y. Zip Code 10454

HOME PHONE (917) 946-8849 WORK PHONE (212) 761-4300

SIGNATURE Miriam & Centeno

CONSENT TO SUE

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Chamblin Jocelyne N.

Last Name

First

Middle

HOME ADDRESS 1355 East 56<sup>th</sup> Apt #1 1<sup>st</sup> Floor R/Bt  
Broadway New York 11034 3331

City

State

Zip Code

HOME PHONE 718 344-5573 WORK PHONE 718 365-3666

SIGNATURE

Jocelyne Chamblin 9/19/16

**CONSENT TO SUE**

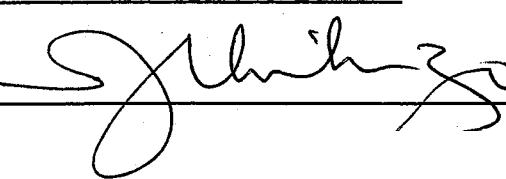
**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME CHIBUZO JOTHS CHUKWUEMEKA  
Last Name CHIBUZO First JOTHS Middle CHUKWUEMEKA

HOME ADDRESS 238-62 116<sup>th</sup> ROAD  
City ELMONT State NY Zip Code 11003

HOME PHONE \_\_\_\_\_ WORK PHONE 212 701 4397

SIGNATURE 

**CONSENT TO SUE**  
**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**  
I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under  
the Fair Labor Standards Act.

NAME Clark Darek L  
Last Name      First      Middle

HOME ADDRESS 172-20 116th Ave  
Jamaica, NY 11434  
City      State      Zip Code

HOME PHONE 718-527-6267 WORK PHONE 718-716-7527

SIGNATURE Darek Clark

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Cofield Trevor E  
Last Name Trevor First E Middle

HOME ADDRESS 1530 Pennsy/Vania Ave SG  
Brooklyn NY 11239  
City Brooklyn State NY Zip Code 11239

HOME PHONE 347-404-7382 WORK PHONE 718-716-7551

SIGNATURE T. Cofield

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Collins Keisha R

Last Name      First      Middle

HOME ADDRESS 630 Stanley Ave. Apt. 6E

BKlyn      NY      11207

City      State      Zip Code

HOME PHONE 347 787 5666 WORK PHONE 212 701 4300

SIGNATURE Keisha Collins

**CONSENT TO SUE**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME O'neill Cedne  
Last Name O'neill First Cedne Middle

HOME ADDRESS 8730 304th street apt B75  
Mollis City NY State 11423 Zip Code

HOME PHONE (912) 364-8334 WORK PHONE (618) 716-6541

SIGNATURE Cedne O'neill

**CONSENT TO SUE**  
**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**  
I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Coulouste Clifford  
Last Name      First      Middle

HOME ADDRESS 994 E 42ND STREET

BROOKLYN NY 11210  
City      State      Zip Code

HOME PHONE 718-253-9624 CELL PHONE 917 648 7378

SIGNATURE Petra Coulouste PERSONAL E-MAIL petracoulouste@gmail.com

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME CROSBY, TREVOR  
Last Name      First      Middle

HOME ADDRESS 2016 Union Street Apt # B3  
Brooklyn, N.Y. 11212  
City      State      Zip Code

HOME PHONE (347) 743-3884 WORK PHONE (348) 716-6123

SIGNATURE T. Crosby

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Crowley Leonard Wayne  
Last Name First Middle

HOME ADDRESS 140 Menahan Street  
Brooklyn N.Y. 11221  
City State Zip Code

HOME PHONE 718) 602- 9685 WORK PHONE 929) 248- 0878

SIGNATURE Leonard Crowley

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Cumberbatch Monica  
Last Name      First      Middle

HOME ADDRESS 105 Lefferts Place F46  
Brooklyn NY 11238  
City      State      Zip Code

HOME PHONE 718-622-7660      WORK PHONE 718-688-8350

SIGNATURE Monica Cumberbatch

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME CUMMINS MARGARET  
Last Name                   First                   Middle

HOME ADDRESS 1634 St. Marks Av Apt 4G  
Brooklyn, NY 11233  
City                         State                   Zip Code

HOME PHONE (718) 927-1471 WORK PHONE (212) 481-4274

SIGNATURE Margaret Cummins

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY  
I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under  
the Fair Labor Standards Act.

NAME DANEY · Natacha Toi;  
Last Name First Middle

HOME ADDRESS 229 West 144th St #32  
New York NY 10030  
City State Zip Code

HOME PHONE 212-491-9281 WORK PHONE 718-716-7704

SIGNATURE Natacha L. Disney

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Dannmole Frank  
Last Name                    First                    Middle

HOME ADDRESS 301 Sterling Street Apt # 3J  
Brooklyn NY 11225  
City                         State                       Zip Code

HOME PHONE \_\_\_\_\_ WORK PHONE 347-623-2455

SIGNATURE 7 \_\_\_\_\_

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Dorrisaw Stephanie  
Last Name Dorrisaw First Stephanie Middle

HOME ADDRESS 388 Pearl St #4E  
City NY State NY Zip Code 10038

HOME PHONE 917-844-3842 WORK PHONE 212-32-4717

SIGNATURE Stephanie Dorrisaw

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME DAVID ANNE - MARIE C.  
Last Name                    First                    Middle

HOME ADDRESS 253-26 148TH AVE  
ROSEDALE N.Y 11422  
City                         State                       Zip Code

HOME PHONE 718-528-4642 CELL PHONE 646-303-2060

SIGNATURE Anne - Marie C. David PERSONAL E-MAIL mateco58@yahoo.com

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME David Nicole L.  
Last Name      First      Middle

HOME ADDRESS 559 Chestnut St.  
Brooklyn N.Y. 11208  
City      State      Zip Code

HOME PHONE (917) 653-7964 WORK PHONE (212) 361-0913

SIGNATURE Nicole L. David

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY**  
I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under  
the Fair Labor Standards Act.

NAME D E B PRANAV KUMAR  
Last Name First Middle

HOME ADDRESS 39-71 51 St. # B2  
Woodside NY 11377  
City State Zip Code

HOME PHONE 929 245 2012 WORK PHONE 718-716-7722

SIGNATURE Pranav Kumar

**CONSENT TO SUE**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME DECASL DORITTA NORENE  
Last Name First Middle

HOME ADDRESS 169-61 144 Road  
Queens NY 11434  
City State Zip Code

HOME PHONE 917 847 8354 WORK PHONE 718 716 6446

SIGNATURE Doritta C.A.

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY**  
I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under  
the Fair Labor Standards Act.

NAME Díaz Susana  
Last Name First Middle

HOME ADDRESS 340 Morris Ave. Apt. 5F  
Bronx N.Y. 10451  
City State Zip Code

HOME PHONE (218) 6811-3915 WORK PHONE 218-716-7702

SIGNATURE Susana Díaz

**CONSENT TO SUE**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Dickerson Robin Corryell  
Last Name Dickerson First Robin Middle Corryell

HOME ADDRESS 773 Concourse Village East  
City Bronx State New York N.Y. Zip Code 10451

HOME PHONE 917 670 2359 WORK PHONE (646) 765 9948

SIGNATURE Robin Dickerson

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Dicks Errol  
Last Name      First      Middle

HOME ADDRESS 384 LAFAYETTE Ave

Brooklyn N.Y. 11238  
City      State      Zip Code

HOME PHONE 347 405 5712 WORK PHONE 718·716·6451

SIGNATURE R. Dicks

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Dillion Nia Milikia  
Last Name      First      Middle

HOME ADDRESS 1460 Washington Ave # 7D  
Bx NY 10456  
City      State      Zip Code

HOME PHONE 347-270-9355 WORK PHONE 212-312-4799

SIGNATURE Nia Dillon

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME DJAHOUE DELAGLE  
Last Name DJAHOUE First DELAGLE Middle

HOME ADDRESS 2215 CRUGER AVE, #APT 4D  
BRONX NY 10467  
City BRONX State NY Zip Code 10467

HOME PHONE 347-726-5161 WORK PHONE 718-716-6000

SIGNATURE Delaglae Mahue

(Continue on Reverse)

CONSENT TO SUE

REQUEST TO BECOME PARTY PLAINTIFF - DHS EMPLOYEES OVERTIME PAY  
I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under  
the Fair Labor Standards Act.

NAME	Donaldson, Samantha N		
	Last Name	First	Middle
HOME ADDRESS	658 E 103 Street Brooklyn, NY 11236		
	City	State	Zip Code
HOME PHONE	9172023871	WORK PHONE	2124814704
SIGNATURE	<u>Samantha Donaldson</u>		

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Dorsey Darrell  ①  
Last Name First Middle

HOME ADDRESS 752 Crescent St  
Brooklyn New York 11208  
City State Zip Code

HOME PHONE 917-995-8759 WORK PHONE \_\_\_\_\_

SIGNATURE Dorothy Dorsey

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Dulcie Garry

Last Name

First

Middle

HOME ADDRESS 35 Pasadena Street

Brooklyn

NY

11230

HOME PHONE (718) 490-9348 WORK PHONE (718) 716-6559

SIGNATURE Dulcie Garry

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Dupenal Ricardo  
Last Name Dupenal First Ricardo Middle

HOME ADDRESS 133A Gipson St.  
Far Rockaway NY 11691  
City Far Rockaway State NY Zip Code 11691

HOME PHONE \_\_\_\_\_ CELL PHONE (646) 400-4826

SIGNATURE R Dupenal PERSONAL E-MAIL ricardodupenal.com

**CONSENT TO SUE**

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY  
I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under  
the Fair Labor Standards Act.

NAME Duprey Zenaida  
Last Name First Middle

HOME ADDRESS 90 Eleanor Drive  
Mahopac NY 10541  
City State Zip Code

HOME PHONE 929-227-2565 WORK PHONE \_\_\_\_\_

SIGNATURE Zenaida Duprey

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY**

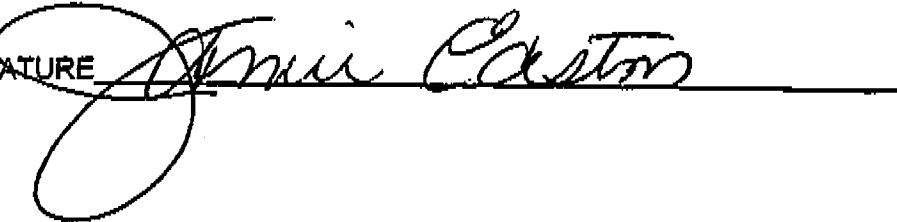
I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Easton Jamie  
Last Name Easton First Jamie Middle

HOME ADDRESS 131-18 109th Ave  
South Ozone Park NY 11420  
City  State  Zip Code 11420

HOME PHONE 718 431-4008 WORK PHONE 718 431-4008

SIGNATURE Jamie Easton



**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY**  
I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under  
the Fair Labor Standards Act.

NAME	<u>EHIGATOR</u>	<u>JOHN BULL</u>	
Last Name	First	Middle	
HOME ADDRESS	<u>347 SARATOGA AVE. #2</u>		
<u>Brooklyn</u>	<u>NY</u>	<u>11233</u>	
City	State	Zip Code	
HOME PHONE	<u>347 581 5642</u>	WORK PHONE	
SIGNATURE	<u>Kippie John Bull</u>		

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME EIJAMIKE VINCENT  
Last Name EIJAMIKE First VINCENT Middle   
HOME ADDRESS 278 Bedford Park Blvd. #6A  
Bronx NY 10458 City Bronx State NY Zip Code 10458  
HOME PHONE 718-577-7765 WORK PHONE 718-716-6433  
SIGNATURE J. S. Eijamike

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY**  
I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under  
the Fair Labor Standards Act.

NAME El-Ansari CYNTHIA N/A  
Last Name First Middle

HOME ADDRESS 2580 RICHMOND TERRACE - Apt'mt # 3  
STATEN ISLAND, New York  
City State Zip Code

HOME PHONE (1-718) 273-8739 WORK PHONE (1-212) 481-8867

SIGNATURE Cynthia El-Ansari

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME E. E. Jaegue Haws  
Last Name E. E. First Jaegue Middle Haws

HOME ADDRESS 3415 Knox Place #5A  
City Bronx State NY Zip Code 10467

HOME PHONE 347 641 0036 CELL PHONE 347 641 0036

SIGNATURE [Signature] PERSONAL E-MAIL Jaegue4love@gmail.com

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME ENYI Uloma Grace

Last Name

First

Middle

HOME ADDRESS 3044 Third Ave Apt S

Bronx

NY

10451

City

State

Zip Code

HOME PHONE 7182929290

WORK PHONE 2124814643

or 4474

SIGNATURE Gulomara Uloma

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Escouse David  
Last Name Escouse First David Middle \_\_\_\_\_

HOME ADDRESS 2 WEST 120 STREET, 4A  
NEW YORK NY 10027  
City 2 State NY Zip Code 10027

HOME PHONE 862-888-8097 WORK PHONE 718-716-6123

SIGNATURE David Escouse

**CONSENT TO SUE**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Espinosa Claubel  
Last Name Espinosa First Claibel Middle   
HOME ADDRESS 590 Fort Washington Avenue, Apt 2F  
City New York State N.Y. Zip Code 10033  
HOME PHONE None WORK PHONE 718-466-7736 Cell phone.  
SIGNATURE Claibel Espinosa 6 347-387-5617

**CONSENT TO SUE  
REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**  
I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Etienne Ene J  
Last Name      First      Middle

HOME ADDRESS 43 Circle Drive  
Westbury NY 11590  
City      State      Zip Code

HOME PHONE 516-280-6045 WORK PHONE (118) 716-7731

SIGNATURE EJ Etienne

**CONSENT TO SUE**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under  
the Fair Labor Standards Act.

**NAME** EVANS Allston  
Last Name First Middle

**HOME ADDRESS** 1710 Lafayette ave. apt 4E  
Brooklyn N.Y. 10473  
City State Zip Code

**COME PHONE** (646) 961-0386 **WORK PHONE** (718) 716-0122

**SIGNATURE** Allston Evans

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME VANS Corey

Last Name

First

Middle

HOME ADDRESS 314 Greene Ave  
Bklyn NY 11238

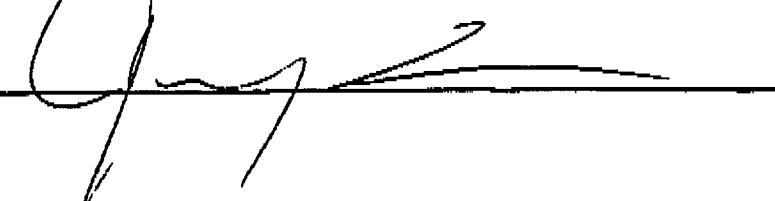
City

State

Zip Code

HOME PHONE 718 812-0944 WORK PHONE 718 716-6102

SIGNATURE



**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME FALOKUN Kathleen M  
Last Name      First      Middle

HOME ADDRESS 384 Ocean Avenue  
Jersey NJ 07305  
City      State      Zip Code

HOME PHONE 917-535-5571 WORK PHONE 212-701-4300

SIGNATURE Kathleen Falokun

**CONSENT TO SUE**  
**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**  
I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME FARHAD GHULAM SARWAR  
Last Name      First      Middle

HOME ADDRESS 89-83 VANDRVEER ST,  
QUEENS VILLAGE, N.Y. 11427  
City      State      Zip Code

HOME PHONE 718-472-0174 WORK PHONE 212-361-8583

SIGNATURE G.S.Farhad

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Faustin Leonard  
Last Name      First      Middle

HOME ADDRESS 550 Mother Gaston Blvd  
Bk      NY      11212      APT 4F  
City      State      Zip Code

HOME PHONE 1347 856 0209 WORK PHONE 1718 688 8350

SIGNATURE A Faustin

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Fenton Franklin  
Last Name Fenton First Franklin Middle \_\_\_\_\_

HOME ADDRESS 15 Hillside Dr  
New Windsor NY 12543  
City New Windsor State NY Zip Code 12543

HOME PHONE 646-331-9927 WORK PHONE 212-701-4322

SIGNATURE Fenton Franklin

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Fernandez Franklin JASON  
Last Name First Middle

HOME ADDRESS 54 weidon st

Brooklyn ny 11208  
City State Zip Code

HOME PHONE 917 400-4694 WORK PHONE 54m e

SIGNATURE Franklin Fernandez

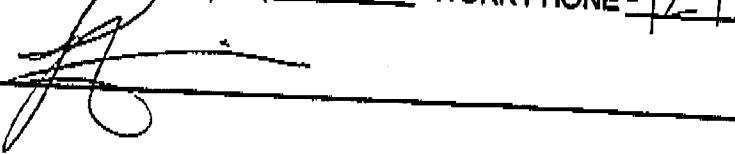
**CONSENT TO SUE**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Figueroa Jose Maria  
Last Name First Middle

HOME ADDRESS 1731 Harrison Ave #6g  
Bronx NY 10463  
City State Zip Code

HOME PHONE 718 583 4917 WORK PHONE 979 422 8570

SIGNATURE 

CONSENT TO SUE

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under  
the Fair Labor Standards Act.

NAME FLAGG CHARLES

Last Name

First

Middle

HOME ADDRESS 86 WILLIAM STREET

HEMPSTEAD NY

11550

City

State

Zip Code

HOME PHONE 516 850-2765

WORK PHONE 718 716-6013

GNATURE

Charles Flagg

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Elvona Studd  
Last Name Studd First Elvona Middle \_\_\_\_\_

HOME ADDRESS 2 Pulaski Street, Apt 3C  
City Brooklyn State N.Y. Zip Code 11206

HOME PHONE 347-548-3628 WORK PHONE 718-636-3908

SIGNATURE Elvona Studd

**CONSENT TO SUE**

**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Flynn Amanda Pearl  
Last Name Flynn First Amanda Middle Pearl

HOME ADDRESS 2430 7<sup>th</sup> Ave

New York NY 10030  
City State Zip Code

HOME PHONE 347-224-0403 WORK PHONE                 

SIGNATURE Amanda J P

**CONSENT TO SUE**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME FOGLE BARBARA

Last Name

First

Middle

HOME ADDRESS 880c 8th Ave #312

New

YORK NY

10019

City

State

Zip Code

HOME PHONE 917-763-6745 WORK PHONE \_\_\_\_\_

SIGNATURE Barbara Fogle

**CONSENT TO SUE**  
**REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY**  
I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME FORD RICARDO ALFONSO  
Last Name      First      Middle

HOME ADDRESS 50 Debevoise Ave Apt 3-C  
BROOKLYN N.Y. 11211  
City      State      Zip Code

HOME PHONE 347 858 4235 WORK PHONE 718 963 3800

SIGNATURE Ricardo Ford